



TOWN OF BROOKLINE

DEPARTMENT OF PUBLIC HEALTH

11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2300 Facsimile: (617) 730-2296
www.townofbrooklinemass.com/health

Individual Body Art Practitioner Permit Application

(Please Print or Type)

Date: _____

Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____

Telephone Number: _____

Type of Practice: Piercing _____ Tattoo _____

Training:

(Please Provide Copies of All Certificates)

(Please Provide Documentation of a Grade C or better for the Anatomy and Physiology Course and the Skin Diseases, Disorders, and Conditions Course)

First Aid Training

Provider: _____

Address: _____

Telephone Number: _____

Date: Start/End _____

Bloodborne Pathogen Training

Provider: _____

Address: _____

Telephone Number: _____

Date: Start/End _____

Anatomy and Physiology Course

Provider: _____

Address: _____

Telephone Number: _____

Date: Start/End _____

Skin Diseases, Disorders, and Conditions Course

Provider: _____

Address: _____

Telephone Number: _____

Date: Start/End _____

Body Art Experience:

Date (Start/End)	Body Art Establishment	Address	Telephone Number

The annual fee for the Body Art Practitioner Permit is \$120.00.

A Body Art Practitioner Permit is conditioned upon continued compliance with all applicable provisions of the most current Body Art Regulations.

The practitioner shall submit evidence satisfactory to the Health Department of at least 12 credit hours of continuing education every two years. Training/courses provided by professional body art organizations or associations or by equipment manufacturers may be submitted to the Health Department for approval.

Practitioners and Establishments must demonstrate Liability Insurance coverage from an approved provider with the following coverage:

- General Liability Coverage for \$500,000
- Tattooist Liability Coverage for \$100,000
- Piercers Liability Coverage for \$100,000

I THE UNDERSIGNED UNDER THE PENALTIES OF PERJURY THAT THE APPLICANT HAS FILED ALL STATE AND TAX RETURNS AND PAID ALL STATE AND LOCAL TAXES AS REQUIRED BY LAW. (MGL CHAPTER 62c s 49A)

Name of Person Completing Form

Date